



Security FOB Request Form

Event/Ministry: _____

Recurring: _____ Temporary (Give Dates & Times Needed): _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Driver's License State: _____ Number: _____

By signing this form, I agree to the following:

- I will only utilize this security FOB during my approved time.
- I will not share the FOB provided for any reason.
- I will not prop open any doors during use of this facility.
- I will comply with all St. Benedict facility use guidelines.
- I am responsible for returning the building to its original state upon vacating premises.
- I understand that failure to comply with the terms of this agreement will result in immediate FOB revocation.

Signature: _____ Date: _____

*** A copy of driver's license and \$10.00 deposit is required for a security FOB. ***

Office Use Only:

FOB Number: _____ Deposit Paid: Cash _____ Check # _____

Office Authorization: _____ Date: _____